District of ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 79 Town of City of St. Coal Registrar's No. 100 City of St. Co	PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH	
District of Manuel ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 79 Town of City of Color or City of Child Indiana Page at last Birthplace Occupation District of Manuel Original Original Report on blank obtainable from local registrar. Age at last Grace That Birthplace Occupation Number of child of this mother of children, of this mother, now living Occupation Occupation Occupation of the Certify that I attended the birth of above child; and that it occurred or Midwife, householder.*) Oliver or christian name added from a Address. Manuel Color or make the the householder.* Oliver or christian name added from a Address. Manuel Color or make the the householder.*	140-	1 A 5	
Town of Or City of St; Ward) FULL NAME OF CHILD CLEAR WILLS And St.; Ward) FULL NAME OF CHILD CLEAR WILLS And St.; Ward) If child is not named, make Supplemental Report on blank obtainable from local registrar. Allve Sex of Triplet or other and in order make Birth (Month) (Day) (Yr.) Sex of Twin, Triplet and Number Legit! Date of A. 191. Month (Month) (Day) (Yr.) Full Maiden Maiden Name Covics Decur. Residence Wheat Birthday (Years) Birthplace Color or Race White Birthday (Years) Birthplace Cocupation Occupation Occupation Alge at last (Years) Birthplace Fausas Occupation Full Age at last Birthday (Years) Birthplace Fausas Occupation Humber of child of this mother. In Mumber of child of this mo		$\mathcal{I}_{\mathcal{O}}$	
FULL NAME OF CHILD. Claude Willis Amith FULL NAME OF CHILD. Sex of Child is not named, make Supplemental Report on blank obtainable from local registrar. Sex of Twin, Triplet or other and norder of birth mate Birth (Month) (Day) (Yr.) Full FATHER Name Land Willis Willis Willis Walden Name Residence Mauric Trans Color or Race White Birthday (Years) Birthplace Longian Occupation Number of child of this mother. Number	Migue		
FULL NAME OF CHILD Clearly Willis Full Alive For this mother with the control of this mother of child of this mother. Number of chi	I OWN OT	Str. Ward)	
FULL NAME OF CHILD If child is not named, make Supplemental Report on blank obtainable from local registrar. Sex of Twin, Triplet or other and Number in order in order of birth (Month) (Day) (Yr.) Full FAHER Name Claude Willis (Just) Residence Maiden Name Covers Birthday (Years) Birthplace Forgica Occupation Occupation Number of child of this mother	City of O	100. 1 -11	
Sex of Twin, Triplet and of birth legit! Birth (Month) (Day) (Yr.) Full FATHER legitle Williams Ports Been Residence Residence Meant Spirth Age at last Or Race Birthday (Years) Birthplace Occupation Number of child of this mother		Allve No	
Sex of Child M Triplet or other and in order of birth mate of birth (Month) (Day) (Yr.) Full Name Land Williams (Month) (Day) (Yr.) Residence Maiden Name Residence Meanur (Month) (Day) (Yr.) Color or Race Mith Birthday (Years) Birthplace Group (Age at last (Years)) Birthplace Group (Age at last (Years)) Cocupation Occupation Occupation Number of child of this mother. (Years) Number of child of this mother. (Number of children, of this mother, now living (Years) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child; and that it occurred on the continuation of this return. Given or christian name added from a Address. Address. Address.	If child is not named, make Supplements		
Name Claude Willis (With Name Corris Geens Residence Mesidence Mes	Sex of Triplet	and in order Legitle Birth Birth	
Residence Residence Resid		Maiden /	
Color or Race Birthday. Or Race Or Race Or Race While Birthday. (Years) Birthplace Were precautions taken against Ophthalmia reconstorum? Form.?. I hereby certify that I attended the birth of above child; and that it occurred on the standard or midwife, then the householder should make this return. Given or christian name added from a Address. Address. Address. Address.	Residence	900 Residence	
Birthplace Occupation Occupation Number of child of this mother	5, 11.1	or Race Birthday (Venrs)	
Number of child of this mother	Birthplace Lora ia	Birthplace 62	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child; and that it occurred on the latter of the latter	Occupation /_ O /	Occupation Americal	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child; and that it occurred on the latter of the latter	_ worker		
i hereby certify that i attended the birth of above child; and that it occurred on the state of		en, of the thorney to	
(Signature (Attending physician, midwife, householder, should make this return. Given or christian name added from a Address	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
(Signature (Attending physician, midwife, householder.*) Given or christian name added from a Address	I hereby certify that I attended the birth	of above child; and that it occurred on	
Audiess A	cian or midwife, then the householder should make this return.	(Signature (Attending physician, midwife, householder.*)	
101	Given or christian name added from	Address Mianue	
supplemental report 191 191 191 191 191 191 191 191 191 19	supplemental report191	Fredeb 20 191 No Bray LOCAL REGISTRAR.	
308-217-124 FILED WWY 7 1914 A True Copy & GOUNTY REGISTRAR.	338-317-13 COUNTY REGISTRAR.	H Man 7 and A True Copy & S	

;

*